

Work Order ID 63413

October 29, 2010 10:54:05 AM



Page 1

Item ID: D2182B

Accept



Setup Start



Revision ID:

Stop



Item Name: Rubber Cushion

350

Start Date: 10/29/10 Start Qty: 500.00



Cust Item ID:

Required Date: 11/12/10 Req'd Qty: 500.00

Customer:

Reference:

Approvals:

Process Plan: CL

Date: 10/10/29 Tooling:

Date:

Run Start



QC:

Date:

SPC (Y/N):

Date:

Stop



Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

Draw Nbr

Revision Nbr

D2182

Rev C

100

0.00



PURCHASING

Purchasing

Memo

0.00

Purchasing

Issue P/O: 12839 ☐ Extrude per Dwg D2182

CL 10/10/29 350

110

Receive & Inspect for Damage & Mat'l Certs

0.00



Packaging

Memo

0.00

Packaging

CL 10/10/29 (350)

120

QC6- Inspect dimensions to drawing

0.00



QC

Memo

0.00

Quality Control

Scrub

(+350)
QSP019

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

Work Order ID 63413

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Page 2

Item ID: D2182B

Accept



Setup Start



Revision ID:

Stop



Item Name: Rubber Cushion

Start Date: 10/29/10 Start Qty: 500.00



Cust Item ID:

Required Date: 11/12/10 Req'd Qty: 500.00



Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start



QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop



Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130 	Identify as per dwg & Stock Location: <u>410</u>	0.00							
Packaging	Memo	0.00							
Packaging									
140 	QC21- Final Inspection - Work Order Release	0.00							
QC	Memo	0.00							
Quality Control									

PC 10/11/10 (350)

10/11/05

ME

10-11-5

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

Picklist Print

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Page 1

Work Order ID: 63413



Parent Item: D2182B



Parent Item Name: Rubber Cushion

Start Date: 10/29/10

Required Date: 11/12/10

Start Qty: 500.00

Required Qty: 500.00

Comments: IPP: B ☐ 98.09.21 ☐ Re-done ☐ KS ☐

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
10173 NEOPRENE CUSHION		Purchased	No			110	Each	0.0000	1	500			



Copy 350

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

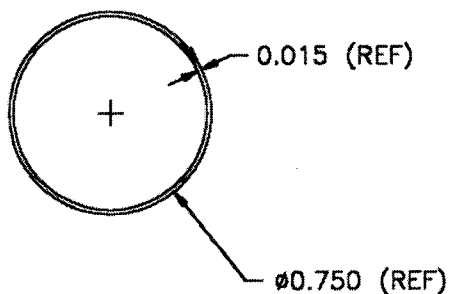
Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

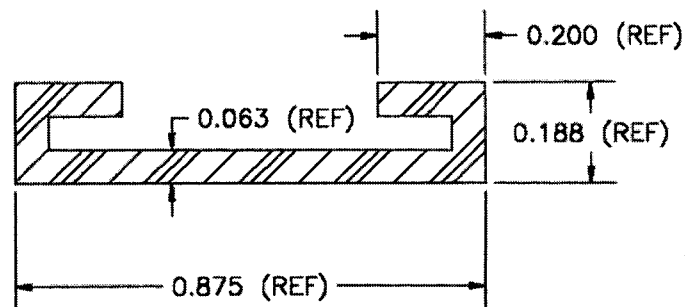
RELEASED
97/05/16 DS



D2182-050, HEAT SHRINK
LENGTH

EG: 3.5 LONG: D2182-035
10 LONG: D2182-100

MATERIAL: RAYCHEM RNF-100-3/4-CL
HEAT SHRINKABLE INSULATION SLEEVING



W-WHITE
B-BLACK
D2182W050, RUBBER CUSHION
LENGTH

EG: WHITE 3.5 LONG: D2182W035
BLACK 10 LONG: D2182B100

MATERIAL: SANTOPRENE 101-73
CONFORMS TO MIL-R-3065

CL 1010129
W10: 63413

DART



PREPARED <i>KE</i>		DART AERO ACCESSORIES INC VICTORIA INTERNATIONAL AIRPORT, CANADA	
CHECKED <i>MM</i>	APPROVED <i>EW</i>	D2182	REV. C SHEET 1 OF 1
DATE Jan. 6, 1995	TITLE RUBBER CUSHION	SCALE	
B	97:04:07	ADD MATERIAL SPECIFICATION	
C	97:05:14	ADD HEAT SHRINK	



Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PO REPRINT

Purchase Order ID PO12839

Purchase Order Date 10/29/10

PO Print Date 11/02/10

Page Number 1 of 1

Order From :

VU-AVI001

AVID PRODUCTS
P.O. BOX 53555 D
PHOENIX, AZ 85072-3555
US

REVISED *QTY*

Contact Name
Vendor Phone 602 438 1221
Vendor Fax 602 437 2270
Vendor Account Nbr

Buyer Chantal Lavoie
Requisition Nbr
Tax Resale Nbr 10127-2607
Terms Net 30
Currency USD
FOB Destination-Collect

Ship To : DART AEROSPACE LTD 1270 ABERDEEN
HAWKESBURY, ON K6A 1K7
CANADA

Line Nbr	Reference Revision ID Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	Req. Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
1	10173	NEOPRENE CUSHION	11/05/10 Yes	350.00 Each	FedEx PI pnd	\$1.1000	\$385.00

Special Inst: AS PER DWG D2182B REV. C
B63413
AVID PRODUCT P/N: 10173

PO Total: \$385.00

CERTIFICATE OF CONFORMITY
REQ'D UPON DELIVERY

CY

No substitution or deviation without
consent.
Certificate of Conformity or Material
Certification required when applicable

Change Nbr: 2

Change Date: 11/02/10

Avid Products
3730 E. Southern Avenue
Phoenix, AZ 85040
(602) 438-1221 / Fax (602) 437-2270
www.avidproducts.net

Shipping List 097682

Customer No 007422

Sales Order Shipper

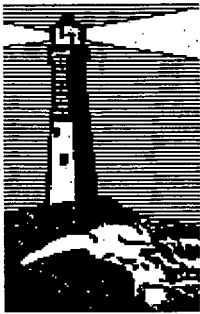
Ship to :

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY ON K6A 1K7
Canada

Sold to :DART AEROSPACE LTD

1270 ABERDEEN ST.
HAWKESBURY ON K6A 1K7
Canada

Ship Date	Customer PO	# of Boxes	Weight	Ship VIA	Bill of Lading	FOB
11/02/2010	PO12839	0	0.0000	FEDERAL EXPRESS		COLL
Item	Fac / Part / Rev / Description / Details			Order Quantity	Ship Quantity	
000001	Default Sales Order SO Item:001 6004 Rev 2 U/M FT 6004 SANTOPRENE Customer Part Number: 10173			350.0000	350.0000	



Avid Products

CERTIFICATE OF COMPLIANCE

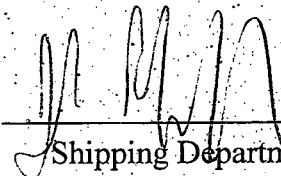
This is to certify that the item(s) listed below, shipped on 11/02/2010 Purchase order PO12839 were manufactured and inspected in accordance with applicable drawings and/or specifications, unless noted herein JOBS PO12839

Physical and/or chemical test reports of materials used are on file, subject to examination and substantiate conformance with applicable specification requirements.

QUANTITY SHIPPED
350

PART NUMBER
6004

DESCRIPTION/SPECIFICATION
SANTOPRENE 101-73


Shipping Department

11/02/2010

Date

8/10/11/05

3730 East Southern Avenue Phoenix, Arizona 85040

Phone 602-438-1221 Fax 602-437-2270

www.2mfg.com/avid